Country Activity Plan

Jordan 1998–2000

Revised July 1998

Partnerships
for Health
Reform

PHR

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Table of Contents

Acronyms

ANE	Asia/Near East
CAP	Country Activity Plan
CIP	Civil Insurance Program
CPR	Contraceptive Prevalence Rate
DDM	Data for Decision Making Project
DRG	Diagnosis Related Groups
FHS	Family Health Services Project
FP	Family Planning
GDP	Gross Domestic Product
HMIS	Health Management Information System
JUH	Jordan University Hospital
LOE	Level of Effort
MCH	Maternal and Child Health
MQC	Monitoring and Quality Control Directorate
MOHHC	Ministry of Health and Health Care
NGO	Non-Governmental Organization
NHA	National Health Accounts
OECD	Organization for Economic Cooperation and Development
PHN	Population, Health and Nutrition
PHR	Partnerships for Health Reform Project
QA	Quality Assurance Project
RA	Resident Advisor
RFP	Request for Proposals
RMS	Royal Medical Services
TA	Technical Assistance
TFR	Total Fertility Rate
UNRWA	United Nations Relief Works Agency
USAID	United States Agency for International Development
WB	World Bank

1.0 Introduction

While a consensus exists that most of the activities described in Jordan's Country Activity Plan (CAP) of August 12, 1997 remain relevant to the most salient problems facing the health sector in Jordan, that CAP was developed almost one year ago. Since then the Government of Jordan has substantially clarified its health care reform objectives, particularly its desire to attain universal health care coverage. This has been explicitly stated by His Excellency, the Minister of Health. In addition, the Government of Jordan is finalizing a loan agreement with the World Bank that will make possible new investments in the health care sector, particularly in hospital accounting systems and a health management information system. The aim of these investments is to increase the efficiency, quality and the long-run financial sustainability of the health sector. The technical assistance provided by the Partnerships for Health Reform (PHR) Project represents an important complement to the World Bank loan and will be crucial to the development of capacity within the Ministry of Health, with respect to the design and implementation of health care reform efforts.

In February 1998, a PHR team visited Jordan to amend PHR's CAP through discussions with the new Jordanian Under Secretary of Health, Dr. Adnan Abbas, other senior Jordanian officials, and USAID/Amman. During March 1998, the PHR Jordan team, including the newly recruited PHR Resident Advisor for Jordan, met to review the revisions, develop more detailed descriptions of the activities, and prepare the three-year work plan.

The objectives of the revised CAP have been slightly modified, but remain consistent with the original version. In objective 1, PHR will concentrate on strengthening the capacity of counterparts in health care financing and economics, as well as on the collection of essential information needed for health care planning. For objective 2, PHR will support MOHHC's priority policy objectives to progress substantially in universal coverage, cost containment, hospital accounting, and the country's ambitious health management information system.

The bulk of PHR's technical assistance activities remain the same. To address the concerns of the Ministry of Health, PHR has added activities in hospital accounting, hospital autonomy, and the health management information system, as well as defined and structured activities to be more product oriented.

2.0 Background

2.1 Overview of Jordan's Health Sector and Health Care Financing Issues[1]

"The health sector performs well in many regards, but it is expensive and inefficient, and 20% of the population has no formal coverage. While health outcomes are good, they could be improved without significantly increasing expenditures. The future chronic disease burden is a potential time bomb for future health costs. The rapid growth of a largely unregulated private sector and the increasingly budget constrained public sector runs the risk of turning Jordan into a situation, whereby the poor get second class care in the public system, while the bulk of the population pays ever increasing amounts in an unregulated private sector." - *Hashemite Kingdom of Jordan Health Sector Study*, The World Bank, 1996, p. 26.

Jordan is a small, lower middle-income country, with a population of approximately 4.1 million. In 1994, its GDP reached approximately US$6 billion, which represents US$1,500 per capita. It has a small economy, limited natural resources and arable land, chronic water shortages, and relies heavily on imported goods. Strong government commitments to health, education, and other social programs have resulted in impressive social indicators which are among some of the highest in the region and which compare favorably with countries of similar income levels (see ***Table 1***). However, Jordan has one of the fastest growing populations in the world. Between the two censuses in 1979 and 1994, the population grew from 2.1 to 4.1 million people, an average increase of 4.3 percent annually. This reflects both the increase in birth rates and an influx of returnees from the Gulf War. Despite declines in fertility in recent years – from seven or eight children per woman in the 1970's – Jordan's total fertility rate (TFR) of 4.6 children per woman is still quite high. At current population growth rates, the population of Jordan will double again in 19 years.

At the same time, Jordan is entering a stage of epidemiological and demographic transition that characterizes most middle-income countries – declines in death rates and continued high birth rates; shifting disease patterns from infectious to non-communicable diseases; increasing numbers of women entering peak child-bearing ages resulting in increased population momentum; and a growing number of elderly dependants. All of these issues have important implications for the increased demand and need for health, population, and other social programs. The Government of Jordan recognizes that the current system of social services – given declining economic resources and the manner in which resources are currently managed – will not be able to provide for the growing population and are thus unsustainable.

Health expenditures in Jordan are high compared to countries of comparable income levels. In 1994, health expenditures were an estimated 7.9 percent of GDP. Private spending accounted for over half of total health expenditures. According to the World Bank, overall spending has increased in nominal terms over the past five years, growing slightly more rapidly than GDP.

[1] Much of the following information comes from World Bank documents and has been confirmed by the PHR assessment visits conducted in 1997 and 1998.

Table 1: Selected Health-Related Statistics for Jordan (1994)	
General	
Population Size	4.1 million
Annual Population Growth Rate	3.6%
GDP per capita	US$1,500
Health Status Indicators	
Infant Mortality Rate per 1,000 live births (1992)	34
Child (< five) Mortality Rate per 1,000 live births (1992)	39
Life expectancy at birth (years) (1994)	68
Total Fertility Rate (1992)	4.6
Health Services Utilization Data	
Percentage of children 12–23 months fully immunized (overall)	95%
Health System Capacity	
Total number of hospitals Hospital beds per 1,000 population Doctors per 1,000 population Registered nurses per 1,000 population	65 1.6 1.6 0.93
Health Resources (as percentage of total health expenditures)	
Ministry of Health (MOHHC) Royal Medical Services (RMS) Private Sector Other (Jordan University Hospital (JUH), UN Relief Works Agency (UNRWA)	28% 11% 53% 8%

Health care is both delivered and financed through multiple public and private programs and providers. The Ministry of Health, which accounts for 28% of total health expenditures, operates an extensive primary health care network of 1,050 facilities, including village health centers, maternal and child health centers, primary health care centers, dental clinics, and community health centers. The MOHHC also runs 19 hospitals, which account for 39 percent of all hospital beds in the country. In addition to the MOHHC system, the government finances and delivers care through two major public health insurance programs—the Civil Insurance Program (CIP) administered by the MOHHC, and the Royal Medical Services (RMS). The CIP covers civil servants and their dependents (23 percent of the population) for care received in MOHHC primary care centers and hospitals. The CIP also covers care provided in MOHHC facilities for individuals certified as poor. The RMS, financed by the Defense Ministry, provides direct services through a network of nine hospitals

and covers outpatient services obtained in MOHHC primary care facilities for military personnel and their dependents (35% of the population), making it the largest public health program in terms of number of individuals covered, although it is second in terms of expenditures (11% of estimated total health expenditures in 1994). Other public programs include the United Nations Relief Works Agency (UNRWA), which provides services to over 400,000 Palestinian refugees (many of whom are also covered by the MOHHC and RMS) and accounts for about two percent of total health spending; and Jordan University Hospital (JUH) which covers its employees and dependents and serves as a major fee-for-service referral center for other public programs and private payers. JUH expenditures accounted for approximately three percent of total health spending in 1994.

A large and expanding private health sector provides services that accounted for an estimated 53% of total health spending in 1994. Many private firms provide health care coverage for their employees through self-insurance or by purchasing private health insurance. There are currently seven insurance companies in Jordan that offer health insurance through employer plans and two third-party administrators, including MedNet International, a subsidiary of a German firm, which covers 25,000 individuals for services provided by a network of private providers. Private health insurance provided to employees of private firms covers an estimated 12 percent of the population.

Many individuals with public coverage purchase private sector services through out-of-pocket payments, and many individuals and their dependents are eligible for coverage from more than one program. An estimated 80% of the population is formally covered through various public sector (68%) and private insurance (12%) programs. The remaining 20% has no formal coverage, but can purchase services at MOHHC facilities at highly subsidized prices.

Public programs are financed through the general budget, health insurance premiums, and user fees. The budgets of the MOHHC, Civil Insurance Program, and RMS are determined annually through the governments budgeting process. There are major cross subsidies among public programs built into the budgets, as well as subsidies from the general army budget to the RMS. The MOHHC and RMS have centralized management systems for allocating resources to individual facilities. Individual facilities do not have their own budgets; instead, they receive allocations of supplies, equipment, pharmaceuticals, and salaries from central MOHHC and RMS departments. There is currently little available information on the private health sector, including the financing sources of private insurance despite the fact that the private sector accounts for approximately 30% of all hospital beds in Jordan and owns much of the country's high-technology diagnostic equipment.

Each of the above described programs has its own delivery system and there is little coordination among them. There is no single managerial entity responsible for the overall health system. In addition to managing the Civil Insurance Program, the MOHHC is responsible for public health, quality of care, standard setting, and medical education and training. Beyond setting standards and approving user fee schedules, the MOHHC has little control of the private sector.

There are a number of factors which contribute to the overall inefficiency of Jordan's health system. Among these factors are the following:

- inadequate information on private sector spending, capacity, and utilization of services;

- lack of a coordinated policy apparatus and relevant data for decision-making which precludes effective policy making;
- excess overall capacity, as shown by a hospital occupancy rate of 69% in the public sector and an estimated 49% in the private sector;
- a highly centralized allocation process for supplying and equipping facilities and for paying personnel in the public sector which provides few incentives for the efficient delivery of services;
- a lack of standard treatment protocols;
- inefficiencies in the overall management, procurement, storage, distribution and rational use of pharmaceuticals;
- a largely unregulated and ever expanding private sector; and
- inefficient use of existing resources.

The Government of Jordan has expressed interest in enacting major health sector reforms to reduce these inefficiencies and to improve the quality, accessibility and equity of health services provided in both the public and private health sectors. PHR's activities, as well as the upcoming World Bank project are aimed at assisting the Jordanian government in designing and implementing well-developed, information-based health sector reforms involving the financing, resource allocation, management, and quality of health services.

2.2 USAID/Amman Support to the Population and Health Sector and Possibilities for Collaboration and Synergy between PHR and Other USAID Projects

All of USAID's health and population activities, including those to be implemented by PHR, fall under Strategic Objective 3, "Increased the practice of family planning with an emphasis on modern methods." There are four intermediate results for this Strategic Objective, the last one of which (IR3.4) was developed with PHR assistance to cover PHR activities in health financing and organization, " IR 3.4: Increased rationalization of health financing systems."

USAID's current health and population portfolio consists of three projects: 1) the Family Health Services (FHS) Project, which is ending in 1998, 2) the Marketing of Birth Spacing Project (ending in 1997), and 3) the Comprehensive Postpartum Project (ending in 1999). The Family Health Services Project provides assistance to the government of Jordan in its efforts to improve the quality and efficiency of maternal and child health services, including family planning, provided through government health centers and clinics. The project also assists universities to develop a Family Medicine Specialty Program to train a new cadre of primary care physicians in Jordan. A major component of the FHS project is the Quality Assurance Component, implemented by the Global Bureau's Quality Assurance (QA) Project. The objectives of this activity are to: 1) expand and improve the accessibility and quality of family health services that most directly impact on maternal and child health and fertility, and 2) to assist the Jordanian government in designing, developing, and implementing a comprehensive, integrated quality assurance program at all levels of the health system and ultimately in all facilities.

Once the QA Project ends in 1998, the Monitoring and Quality Control (MQC) Directorate within the MOHHC is expected to assume full responsibility for directing and monitoring QA activities. PHR could provide continual assistance to the MQC to build upon previous USAID investments and efforts.

Another possibility for collaboration and synergy is between PHR and USAID's Policy Project. POLICY is currently in the process of developing and implementing a series of research studies which will generate health data that may be useful to PHR. These studies are: 1) research on market segmentation for family planning and reproductive health services; 2) cost-benefit analysis for health insurers; and 3) research on funding and resource requirements for family planning and reproductive health. PHR could potentially add questions to collect additional data on costs, financing, utilization, and related areas, and assist in the development of indicators. Additional opportunities for collaborating and complementing USAID activities will be developed over the course of PHR's in-country activities.

2.3 The Role of Other Donors in Supporting Jordan's Health Sector

Although many multi-national and bilateral donor agencies are providing technical and financial assistance to the government of Jordan, few are providing assistance to the health sector, with the exception of USAID and the World Bank. The World Bank is currently designing a loan package that is intended to advance and stimulate health sector reforms, based on the findings and recommendations of the 1996 health sector study. The goals of the World Bank program are to improve the quality, efficiency, and financing of health service delivery through the following activities which will be implemented with loan funds:

1. *Rationalizing Jordan's Health Infrastructure Investment.* This component will involve: a) developing structural and equipment norms and standards for health care facilities; b) conducting a survey of all public and private sector facilities based on these norms and standards; c) developing a master plan for the country which will serve as the basis for future public sector investments; and d) developing a public sector investment plan to be financed by the World Bank Project. Financing will be provided for equipment and rehabilitation of priority public sector facilities, based on the master plan and new facilities and equipment standards.

2. *Developing and Implementing a national Health Management Information System (HMIS).* This component will support the development of an integrated health information system both at the national and facility levels to provide information critical for effective clinical and resource management of the health system. The system that is envisioned will provide MOHHC and RMS facilities, as well as the JUH, with information on patients and medical records, services, inventory, and personnel.

3. *Implementing Facility Payment and Management Methods.* This component will consist of: a) the development of clear and consistent accounting standards for MOHHC, RMS, and JUH; b) the development and installation of financial management systems in RMS hospitals and the JUH; and c) the development and

testing of new approaches to paying hospitals, such as case-mix adjusted global budgets and various physician incentive arrangements. A major outcome of this component will be to give managers of health facilities financial and management control of their facilities, in order to improve efficiency and allow managers to better respond to local needs and demands. New provider payment methods will be supported by financial and management information systems and training so that facility managers will have the basic financial, resource, and diagnostic information to make informed decisions.

4. *Reforming the Pharmaceutical Sector*. This component is aimed at improving the quality and efficiency of the pharmaceutical sector by enacting a series of reforms, including: revising the national drug policy; implementing an essential drugs list; developing scientific models for forecasting drug demand; developing standard treatment protocols and providing training for the rational use of drugs; reforming the drug pricing system; promoting the use of generic drugs; and coordinating the four separate drug procurement, storage, distribution, and quality control systems run by the MOHHC, RMS, JUH, and CIP. Since pharmaceuticals account for over one-fourth of all health spending, reforms in this area have the potential for sizable savings, as well as for improving the quality of care.

PHR activities have been carefully designed to support and complement the planned activities of the World Bank. Complementary areas of activities between PHR and World Bank are discussed further in ***Section 3.4.***

3.0 Framework for PHR Technical Assistance

3.1 Criteria for Selection of PHR Activities

In planning PHR activities in Jordan, during both 1997 and 1998, PHR developed the following criteria to address the needs and concerns of USAID/Amman, the Ministry of Health and other local partners, and the World Bank. PHR activities must:

- Respond effectively to the Ministry of Health's request for assistance in cost containment, universal coverage, and private sector collaboration;
- Contribute to the achievement of USAID/Amman's Strategic Objective in population and health (SO);
- Be implemented within the budgetary constraints of USAID and not over-burden the Mission's management staff;
- Be quickly mobilized/initiated for a 2-3 year project period;
- Be sustainable and replicable;
- Be implemented in partnership with public and private sector partners; and
- Not duplicate efforts of the World Bank or those of other donors and, if possible and as appropriate, complement their efforts.

3.2 Goals and Objectives

The overall goal of PHR activities in Jordan is to improve the long-term financial sustainability of the health system in order to sustain gains achieved in the population's health status, particularly reductions in maternal and child mortality, in the face of challenges caused by a rapid population growth and shifts in the country's epidemiological profile. All of PHR activities are aimed at achieving Intermediate Result 3.4 – increased rationalization of the health financing system – under USAID/Amman's Strategic Objective 3 ("increased practice of family planning with an emphasis on modern methods"), which covers all of USAID's health and population activities in Jordan.

To accomplish this goal, the PHR Project, in collaboration with USAID/Amman, the Ministry of Health, and other Jordanian partners, has developed the following two objectives:

Objective 1: Strengthen the capacity for health sector planning and implementing health reforms.

Objective 2: Improve health system performance, contain costs and support achievement of universal coverage.

3.3 PHR's Approach for Achieving its Goals and Objectives

To achieve the above objectives, PHR has fielded a Long-Term Resident Advisor, as well as planned substantial short-term technical assistance over the next two years. Emphasis for all PHR activities will be placed on building the capacity and skills of Jordanian counterparts through close collaboration and on-the-job training on all activities; and formalized training in such areas as health policy development, management, and planning.

One of the major impediments to the crafting of policy reforms in Jordan is the shortage of useful data on the cost and utilization of health services, including the private health services, the real level of coverage by insurance programs, household expenditures, and so forth. This prevents Jordanian officials from adopting a systematic process of analysis and making informed decisions for the health sector. Therefore, one of PHR's major roles will be to fill the information gap and assist Jordanian counterparts in translating data results into a format usable by decision makers in the MOHHC, and possibly, in the Higher Health Council.

In order for PHR to deliver its technical assistance in an effective manner, a close collaboration with Jordanian institutions must be established. While the Ministry of Health is not the sole institution to be considered, it is the lead institution in the health sector, and it will be essential for the PHR Resident Advisor to have considerable access to high-level decision-makers within the Ministry. In order to enhance flexibility and responsiveness to the Jordanian government's needs, while taking into account the contribution of other donors, PHR implementation plans will be discussed on a regular basis with Jordanian counterparts and the USAID Mission.

3.4 Coordination between PHR and the World Bank

PHR's activities must be seen as an independent, capacity-building exercise and will not depend on the implementation of the World Bank health sector project. However, the complementary nature of planned PHR activities with the Bank's project is obvious and the timing for both projects is ideal to strengthen the collaboration between the Bank and USAID, so that policy and programming advice to the MOHHC is consistent.

USAID's efforts to enhance the technical capacity of Jordanian institutions will be amplified by the Bank's sector loan. Conversely, the potential for the Bank's project to be successfully implemented is much stronger with the technical input of PHR. The Bank's project will require a significant amount of studies, training and technical expertise that the World Bank is unlikely to provide, although other bilateral donors may be mobilized to provide technical assistance in the implementation of some of the project's activities. Whatever these additional forms of support may be, USAID, through PHR, will be in a unique position to help the Jordanians address health financing, health policy, and service delivery issues. The regular exchange of information between USAID/PHR and the World Bank, both in Amman and in Washington, will prevent duplication of effort. The manageable size of Jordanian institutions will also make this coordination relatively easy.

4.0 PHR Activities

4.1 Objective 1

Strengthen the capacity for health sector planning and implementing health reforms.

4.1.1 National Health Accounts

Rationale

Jordan has a complex and pluralistic financing and delivery system. In 1994, the health sector accounted for 7.9 percent of Gross Domestic Product (GDP) and three percent of total employment (World Bank, 1997) which is relatively high by international standards. The US and OECD countries have used the NHA framework for over two decades to highlight policy problems, enhance cross-country comparability, and determine underlying causes for increase in health expenditures (demographics, technology, inflation). NHA are a basic requirement for optimal management of the allocation of health sector resources and assessment of the impact of policy interventions.

Expected Results

Building local capacity within the MOHHC to assess the sources (where the money comes from) and the uses (where the money goes) is a critical first step in the development of policy options to make the health sector more equitable and efficient. A NHA framework is one way to organize, tabulate, and present health sector expenditure information. Given Jordan's commitment to far- reaching health systems change, developing NHA should be undertaken to develop baseline information on total health expenditures, their sources, and uses. This process will be repeated on an annual basis with the MOHHC counterparts and local consultants in order to establish the NHA system within the MOHHC.

Activity 1.1.1 National Health Accounts

Train Jordanians, MOHHC and other staff, to prepare NHA and use the resulting information to plan and implement health reforms. The process for developing NHA will be extremely collaborative to allow for the process to be sustained by Jordanians independently. Given that private health expenditures are estimated to represent more than 50% of total health expenditures, the NHA activity will rely on three research efforts to collect critical data on private sector demand and supply of health services: a) a survey of private third-party payers, b) a survey of private providers, and c) a household health survey, as described below.

Activity 1.1.2 Survey of private third-party payers.

Private health insurance companies and self-insured companies cover an estimated 12% of the population, however, little is known about coverage, premium rates, or payment mechanisms. Therefore, PHR will conduct a detailed assessment of private sector third-party payers, to include the size and number of private insurance companies, self insurance firms, their populations covered, services funded, categories of participating providers and their

contractual relationships with payers, payment mechanisms, premium rates, and regulatory guidelines for providers. The information obtained from this activity will be strictly confidential. This survey will complement the household health survey (activity 1.1.4.).

Activity 1.1.3 Survey of private providers

The private sector accounts for about 55 percent of hospitals, 30 percent of total beds, 49 percent of all physicians, 92 percent of all pharmacists, and contains much of the country's high-tech diagnostic capacity. Despite the private sector's importance in the health sector, little is known about its geographic distribution, services offered, pricing, and financing. PHR will design and conduct a survey of the private sector to address this information gap. This survey will complement the household health survey (activity 1.1.4.).

Activity 1.1.4 Household Health Survey

While private health expenditures are estimated to represent more than 50% of total health expenditures in Jordan, little is known about private utilization or spending on health care, determinants of health seeking behavior, what kinds of providers are chosen, or about private insurance coverage. There is a general belief among researchers that multiple coverage contributes to excess use and higher costs, but this has not been quantified. Similarly, estimates of the uninsured population range from 20 to 50 percent. Filling this information gap regarding private sector demand for health care is fundamental to completion of national health accounts and informed policy planning, including introduction of universal coverage.

Conduct a national household health survey to gather critical data on private utilization, out-of-pocket expenditures, determinants of health seeking behavior, types of providers chosen, insurance coverage, and multiple coverage. The expected results of this survey are:

- Fill a baseline information gap on private sector demand for services and expenditures on health services, critical to health policy reform.
- Create a large data set which will be an important component of NHA, as well as an immediately useful resource for policy-makers to advance work on private sector reforms and universal coverage.

4.1.2 Regulations

The existing regulatory structure of the Jordanian health care sector greatly influences the distribution of services, types of providers in the market, capital and labor expenditures, hospital and physician incentive structures, as well as the utilization of services. Therefore, a comprehensive review of existing accreditation and licensing rules, and regulatory policies (for hospitals, clinics and physicians) and enforcement guidelines will form the basis of this activity.

Activity

PHR will provide detailed review and analysis of existing regulatory, accreditation and licensing rules. A critical analysis of the existing policies and how they can be modified if necessary to achieve the policy objectives of the MOHHC will be the focus of this activity.

PHR will provide follow-up technical assistance on implementing recommendations for revising regulations or compliance mechanisms.

Expected Results

- This activity will provide the MOHHC with more effective tools for assuming its regulatory role for rationalized investments in the health care sector, practice guidelines and parameters, utilization review mechanisms, and consumer protection.

4.1.3 Training

Rationale

There is a need to strengthen the information base and skills of local counterparts necessary for local counterparts to develop and enact health policy reform. In particular, there is a need to strengthen the MOHHC to take leadership in policy development and implementation.

Activities

Strengthen the capacity of local counterparts in health planning, management and health economics through: 1) intensive short-term course work in state-of-the-art programs at U.S. universities (for example the summer course at Harvard University or the fall course at Boston University), 2) extensive on-the job training through teamwork with PHR's resident advisor and visiting experts, 3) participation in relevant workshops/seminars in other countries when possible, and 4) provide management and computer skills training in Arabic for MOHHC staff using a training of trainers approach . PHR will conduct a rapid assessment of the current capacity of select MOHHC staff in health planning, management, and health economics in order to identify candidates to be trained. Priority will be given to those members of the MOHHC who will be designated counterparts to the PHR team in Jordan.

Expected Results

- At the end of the PHR project in Jordan, a core group of MOHHC staff will have significantly expanded and updated their knowledge and understanding of health planning, management and health economics.

4.1.4 Applied Research

Rationale

Applied research can advance knowledge to promote and implement successful health sector reforms and to improve understanding of complex health reform issues. Research can also inform and improve upon technical assistance and training activities in the areas of health policy, management, financing, and service improvement. Joint PHR-counterpart planning and implementation of research activities builds the capabilities and skills of host country institutions and individuals in conducting applied research and analysis.

Activities

In collaboration with Jordanian counterparts, PHR will develop an applied research agenda. PHR will provide technical support for on-going implementation of applied research activities. Through these two activities, PHR will train counterparts to plan, design, implement, and apply research activities to policy development and implementation of health sector reforms.

Expected Results

Strengthened capacity of the MOHHC mainly and other Jordanian institutions to design, implement, and apply research activities to policy development and implementation of health sector reforms.

4.2 Objective 2

Improve health system performance, contain costs and support achievement of universal coverage.

4.2.1 Universal Coverage

Rationale

The World Bank Health Sector Study estimates that 20% of Jordanians lack formal health insurance coverage, indicating problems of access and equity. The MOHHC has expressed a strong interest in addressing this problem through the introduction of some form of universal health insurance coverage. There are many alternative ways to expand health coverage - some very costly and inefficient. The MOHHC has requested PHR to provide technical assistance to develop efficient, sustainable strategies to introduce universal health coverage. This requires an analysis of Jordan's current health financing structure and extensive collaboration with all players, public and private, in Jordan's health sector.

Activities

- Review and analyze existing, available data on Jordan's health system, looking at financing, how the health care system is organized and structured, and the incentives inherent in the system's financing and structure and their impact on access, equity and costs.
- Clarify with the Jordanians their priorities and expectations for the end results of this technical assistance effort.
- Prepare an Issues and Options Paper which examines the strengths and weaknesses of the current system and identifies information gaps. The paper will offer decision makers a number of options adapted to the Jordanian context and it will constitute the basis for further work that will be necessary to undertake in order to achieve the goal of universal coverage.
- Organize and present a workshop for senior Jordanian officials to review the Issues and Options Paper and, as a group, plan a strategy to introduce universal health coverage in Jordan.

- Translate the conclusions of the Issues and Options Paper and the workshop discussions into concrete activities. These activities will be extended over a period of time possibly extending beyond the life of the Project. PHR will develop a Work plan of technical assistance to implement adopted strategies to achieve universal coverage.
- Conduct actuarial studies.

Expected Result

- Policy changes which address problems of access and equity, possibly through some form of universal coverage, in an effective and efficient manner as a result of an informed and collaborative policy reform process.

4.2.2 Provider Incentives

Rationale

Provider payment systems and other influences on provider behavior have a major impact on the efficiency and quality of health care service delivery. Understanding by the MOHHC of the public sector's current provider payment system and its incentives in terms of pricing and utilization, is fundamental for formulation and implementation of policy reform to support universal coverage, hospital autonomy and cost containment. These policy objectives will likely require different provider payment mechanisms and other incentives for better access, efficiency and quality.

Activity

PHR will analyze the public sector's provider payment system, including: a) modes of payment (salary, capitate, performance-based, other), b) identifying utilization or quality control mechanisms if any, and c) describing explicit and implicit incentives. The report will make recommendations for testing different provider payment mechanisms and other incentives for better access, efficiency and quality. As the next step, PHR will provide technical assistance to test different provider payment mechanisms. This activity will build on research conducted by Dr. Ali Rhabdoid.

Expected Results

- A clear understanding of public sector funding of health care services, and the behavior which current payment systems motivate in terms of service utilization and pricing.
- Recommendations for testing different provider payment mechanisms and other incentives for better access, efficiency and quality.
- New provider payment mechanisms tested and results presented to support policy reform in this area.
- Presentation of policy and legislative alternatives.

The remaining activities under Objective 2 relate to improving the efficiency of Jordan's public health sector, particularly public hospitals. Jordan is currently experiencing a boom in private hospital construction despite signs of significant excess capacity (overall occupancy rate of 63%). Achievement of universal coverage will be affordable only if Jordan is able to reduce and control costs at public health facilities. All activities will emphasize the participation and training of facility staff and MOHHC staff to continue and expand these efforts beyond PHR.

4.2.3 Hospital Accounting: Cost Analysis

Rationale

Few if any public sector hospitals or primary care facilities systematically track and allocate costs to specific services and/or cases. In anticipation of establishment of hospital accounting systems and reforms in provider payment systems aiming to increase efficiency, it is essential that facility managers and their administrative staff have the capacity to know and track their costs by service/procedure and by case/diagnosis. This activity will build on work initiated by the now completed Quality Assurance project which has worked with the country's largest tertiary hospital, Al Basheer in Amman.

Activity

Train facility staff in cost analysis, and jointly conduct a cost analysis of health services in selected health facilities. Based on PHR's experience in other countries, several months of intense work are necessary to truly train facility staff to collect and analyze cost data on a sustainable basis. PHR proposes to work intensely with one hospital in year 1 (likely to be Al Basheer in response to MOHHC) and then with one or two primary care facilities in year 2.

Expected Results

This activity should produce two products: a) recommendations to improve efficiency, including how to modify incentives, and b) recommendations to improve existing accounting systems, including parameters and guidelines for upgrading and expanding existing accounting systems. Once the MOHHC has decided upon those recommendations, PHR will assist the MOHHC to develop measurable indicators of success. In addition, facility managers and their administrative staff will have information on their current costs and productivity, have indicators of productivity and efficiency, and have the capacity to analyze and track their costs by service/procedure and by case/diagnosis. This activity is a key component of MOHHC efforts to contain costs and improve efficiency.

4.2.4 Hospital Autonomy

Rationale

Currently, the financing and management of the MOHHC's 19 hospitals is highly centralized. The hospitals reportedly have high overhead costs, little or no incentives to be efficient, little authority over staff and procurement decisions, little accountability, and limited management tools. The MOHHC hospitals operate in a market which apparently has significant excess capacity (overall occupancy rate of 63%). The World Bank Health Sector Study recommends decentralizing decision-making to the facility level, and in the case of hospitals, representatives have discussed the approach of global budgets with case-mix adjustments. In this context, the MOHHC has expressed an interest in "hospital autonomy". However, "hospital autonomy" or "decentralization" includes a broad continuum of approaches from delegation of minor responsibilities to total decentralization. The MOHHC needs technical assistance to formulate an approach to hospital autonomy that is appropriate and realistic for Jordan.

Activity

Initially, PHR's technical assistance will be to provide policy-makers with more information on the broad range of approaches included in hospital autonomy/decentralization, and agree on next steps. PHR anticipates that two pilot hospitals will be analyzed regarding their capacity for increased autonomy and the preparatory steps necessary for success. Based on this analysis, PHR would assist the MOHHC to develop and implement a plan to introduce hospital autonomy.

Expected Results

- Clarify for policy makers, through a workshop on hospital autonomy, the process, opportunities, and risks associated with hospital autonomy. Inn addition, this workshop will introduce and train MOHHC personnel on the procedural particulars of hospital autonomy.
- A plan to introduce hospital autonomy based on an in-depth analysis of the capacity and needs of Jordanian facilities.
- Improved hospital performance and efficiency through delegation or decentralization of select responsibilities in select hospitals.

4.2.5 Health Management Information System (HMIS)

Rationale

A Health Management Information System (HMIS) is being supported by two separate World Bank loans: a) an existing loan project to computerize the administration of the central MOHHC and its directorates for which a Master Plan with software modules has been prepared (a.k.a. Phase 1), and b) a new loan to establish a national database of epidemiological, cost, quality, utilization, and efficiency data including a wide area network for collection and distribution of data (a.k.a. Phase 2). The World Bank loan will provide equipment and technical assistance. The MOHHC is concerned that a) the first project has yet to be implemented, b) that the system should be designed in a way that valid and relevant information will be made available to guide and manage the health policy reform process and not only serve routine administration, and c) that public sector hospitals need to upgrade their capacity to participate in the proposed sector-wide information system.

Activity

PHR will assist the MOHHC to prioritize the software modules for implementation, identify a core set of functions to be computerized, and recommend changes in the Master Plan so it is compatible with the information system proposed in the new World Bank loan.

Expected Results

- The MOHHC will have a clear action plan to finally begin implementation of selected components of the Phase 1 HMIS.

- The MOHHC will a Master Plan which is compatible with the information system proposed in the new WB loan.

5.0 Training Plan

Strengthening local capacity through training is an explicit result under Objective 1, and training is an integral part of all PHR activities under both objectives. Priority will be given to those members of the MOHHC who will be designated counterparts to the PHR team in Jordan. The expected result of PHR's training efforts will be that a core group of MOHHC staff will have significantly expanded and updated their knowledge and understanding of health planning, management and health economics, as well as increased their management, computer and English skills. Training will occur through:

1. Conducting a needs assessment with the goal of producing short-term management, administrative, and health policy courses for selected MOHHC personnel, as well as other entities involved in the health care reform process.

2. Workshops and other meetings to discuss policy issues in an in-depth and structured way, disseminate results, lessons learned and models developed (e.g. universal coverage),

3. Workshops and other formal training for specific CAP activities, such as National Health Accounts.

4. On-the-job training through direct work with counterparts to plan, implement and monitor all PHR technical activities through teamwork with PHR's resident advisor and visiting experts;

5. Intensive short-term course work in state-of-the-art programs at U.S. universities (for example the summer course at Harvard University or the fall course at Boston University), including English classes to prepare trainees for US-based training; and

6. Management and computer skills training in Arabic for MOHHC staff using a training of trainers approach.

Training will be done by PHR's Resident Advisor, other PHR technical staff in Jordan, PHR consultants, and Jordanian subcontractors and consultants, with PHR guidance, collaboration and monitoring. This involvement of Jordanian experts, many of whom have other international experience, will help to ensure that the activities are grounded in a solid understanding of the Jordanian context. PHR will prepare reports on the results of all formal training activities including the date, purpose, number and gender of persons trained, results of the training and lessons learned for future implementation. To the extent possible, pre- and post-tests and other evaluation tools will be employed to measure the results of training.

In essence, training activities carried out under this CAP will be instrumental in achieving the capacity-building results which PHR seeks.

6.0 Information Dissemination Plan

Information dissemination is an integral part of PHR's strategic approach for the Jordan CAP. Dissemination contributes to Jordan CAP objectives by increasing awareness and knowledge of policy makers, persuading stakeholders to embrace proposed policy changes, and informing and orientating implementing agents to new policies. Dissemination contributes to PHR and USAID's leadership role in health policy reform by sharing results and lessons learned both within Jordan and the larger regional and global community.

PHR's work in Jordan will be disseminated through the following activities and products:

- Trip Reports and Debriefings at PHR headquarters, not only for the Jordan team, but also the larger PHR staff, PHR's COTRs, other USAID staff, and the World Bank
- "Brown bag" presentations at PHR headquarters, not only for the Jordan team, but also the larger PHR staff, PHR's COTRs, other USAID staff, and the World Bank
- The Jordan CAP, PHR's Quarterly and Annual Reports, and Annual Workplan
- Technical workshops in Jordan and presentations by technical staff and consultants.
- Technical Reports:
  - Issues and Options Paper on Universal Health Coverage
  - National Health Accounts - Jordan Country Report
  - Household Survey of Health Service Utilization and Expenditures
  - Survey of Private Sector Third-Party Payers
  - Survey of Private Sector Providers
  - Analysis of Health System Regulations
  - Results of Applied Research Activities
  - Analysis of Provider Incentives
  - Results and Recommendations from Facility Cost Analysis
  - Results and Recommendations from Hospital Autonomy Studies
  - Action Plan for Implementation of Selected Components of Phase 1 Health Management Information System (HMIS)
- In-briefs and Policy Briefs
- Translation of key documents into Arabic, for example the NHA software manual
- Workshops with local press coverage if appropriate

Various dissemination mechanisms will be used by PHR, including paper and electronic dissemination of written products, and in-person presentations. Audiences include USAID, Jordanian institutions and community, interested individuals and organizations in the ANE region, and other international donor programs and USAID cooperating agencies operating in Jordan.

7.0 Management Plan

Management of the Jordan CAP will comprise both a field office in Amman, Jordan and staff at PHR headquarters in Bethesda, Maryland. The estimated budget for PHR technical assistance for the three-year period of October 1, 1998 to September 30, 2000 is presented in Annex C. The roles and responsibilities of key members of the Jordan team are summarized below, as discussed at the Jordan Team Planning Meeting in March 1998 .

Resident Advisors (PHR expects to field two resident advisors)
- manage technical assistance and local office
- focus on goals and objectives, and be product oriented.
- be sensitive to environment.
- technical lead for selected activities
- seize opportunities.
- maintain Jordan team informed
- disseminate PHR work with MOHHC and CA community

Jordan Team Leader/ANE Regional Coordinator
- overall technical support
- identify TA resources and help plan and manage TA.
- provide information about central project activities.
- maintain communications with other Donors (e.g. World Bank).
- participate in funding discussions
- participate in major revisions of CAP objectives and activities

Deputy Director of Operations
- overall operational support
- liaison with COTR's and PHR Project Director
- establish local office

Deputy Director of Technical Operations
- overall technical direction and support
- advisory role

Technical Advisor
- lead technical support for selected activities (e.g. NHA)
- participate in development of research agenda
- co- authorship of published researched projects based upon project data or issues.

Program Officer
- PHR/HQ management of technical assistance, consultants, administrative and funding issues.
- liaison with Jordan office.
- technical resource.
- technical writing editing- revision of most products (scopes of work, trip reports, technical reports, CAP, etc.).

Program Assistant
- editing of trip reports/technical reports.
- review travel expense reports.

- send weekly travel pouch.
- first point of contact for resource requests (e.g. forms/ PHR/ travel, etc.).
- provide language and cultural insight to Team.

Other home office support:
- procurement, including preparation of request for proposals (RFP) and subcontracts
- field office benefits, payroll, accounting, and other human resource issues

PHR's field office staff, particularly the Resident Advisor, are expected to contribute to the following management reports and activities.

- **Quarterly Reviews** - Project managers require a review of each PHR activity on a quarterly basis. These reviews are set up and run by the teams working on the activity. The ANE review includes the ANE team, PHR Directors, and USAID COTRs and co-managers.

- **Quarterly Reports** - (Contractual Requirement) The Quarterly Report (QR) is due one month after the end of each quarter (quarters begin October 1). The QR highlights our activities to inform USAID/G and USAID Missions. The new format is also appropriate for a broader audience, including host-country counterparts. The Resident Advisor should use the same information for the Mission's request for a QR and the reporting period for both requests should coincide.

- **Performance Assessment** - (Contractual Requirement) This document is due to USAID every six months (April and October) and determines the prime contractor's fee.

- **Annual Report** - (Contractual Requirement) This report of the past fiscal year's (October 1 to September 30) activities is due by December. It focuses on **results.**

- **Annual Work Plan** - (Contractual Requirement) Due between October and December. Resident Advisor will be asked to submit a work plan for Jordan activities based on planning discussions with counterparts and team members.

- **Activity and Technical Briefs** - These documents describe major achievements, policy changes due to PHR interventions, and are meant to inform a wide audience about PHR work. They are typically two pages - technical briefs may be longer - and PHR's Information/Dissemination group will handle formatting and distribution.

- **Publications and Technical Reports** - The Team Leader must designate an appropriate "technical" person to review these documents. PHR's Information/Dissemination group will handle formatting and distribution.

- **Financial Reports** - PHR's Director of Finance and Administration prepares monthly financial reports of total expenditures for Jordan. PHR's local office must prepare financial reports of local expenditures and monthly projections.

8.0 Evaluation Plan

The evaluation plan is a guideline for the assessment of program performance and outcomes. The monitoring process will serve as the basis for revisions of the work plan. PHR's Jordan activities will be evaluated at the end of the three-year period of assistance on the basis of the indicators presented in ***Table 2,*** which follows this page. This evaluation plan will be reviewed and revised, as needed, with the Ministry of Health and USAID.

For each result presented in the CAP, Table 2 presents a performance indicator to measure achievement or not of that result. Table 2 also presents the data source or methodology which will be used to document the indicator.

Some of the indicators used in this matrix will reflect successes in the implementation of health reforms. While PHR takes responsibility for doing all within its power to promote these "impact" indicators, they obviously depend on many other factors -- political, economic and institutional -- over which the Project has no control. Impact indicators include such outcomes as an increase in the percentage of the population covered by health insurance, an increase in the hospital bed occupancy ratio, and others. Information to measure progress against these indicators will be obtained from routine reports and government information systems. Additional information will be provided by surveys that will be carried out under this project, such as the household survey on health expenditures and care seeking behaviors. Additional data may become available from sector studies commissioned by the World Bank or other donors.

PHR's effectiveness in delivering technical assistance will also be assessed by "process indicators" like the delivery of short-term technical assistance, submission of technical reports, and completion of trainings, workshops, study tours, studies and surveys. An annual progress report will include a substantive description of outcomes. Formal and informal program reviews will be organized by the Resident Advisor as deemed appropriate by USAID/Amman.

Table 2: Evaluation Plan for PHR Activities in Jordan

Results		Performance Indicators	Data Source and Methodology
OBJECTIVE 1: Strengthen capacity for health sector planning and implementing health reforms.			
1.1	Establish National Health Accounts as a health policy tool on a sustainable basis.	NHA developed, circulated and used in discussions of health budget, with NHA data impacting budgetary decisions.	MOHHC and PHR reports.
1.2:	Private sector complies with well-defined quality of care standards so that consumers are protected.	Accreditation and licensing rules for private facilities and providers revised (based on comprehensive review) and implemented.	MOHHC and PHR reports.
1.3:	Strengthened capacity of the MOHHC and other Jordanian institutions to take leadership in policy development and implementation of health sector reforms.	Number of staff from Jordanian institutions trained in policy analysis, strategic planning, and management.	PHR Reports Feedback from counterparts
1.4:	Strengthened capacity of the MOHHC and other Jordanian institutions reforms. to design, implement, and apply research activities to policy development and implementation of health sector	Number of staff from Jordanian institutions trained to design, implement, and apply research activities to policy development and implementation of health sector	PHR Reports Feedback from counterparts
OBJECTIVE 2: Improve health system performance, contain costs, and support achievement of universal coverage.			
2.1.	Introduction of Universal Health Coverage in an efficient, sustainable manner.	Presentation by the MOHHC to the Prime Minister of one or a series of policy and regulatory reforms to introduce Universal Health Coverage in an efficient, sustainable manner.	PHR and MOHHC reports.

Results	Performance Indicators	Data Source and Methodology
2.2: Testing of improved provider payment mechanisms and other incentives for better access, efficiency, and quality.	Illustrative indicators depending on focus of pilot tests: Decrease in ratio of doctors and/or nurses to hospital beds. Decrease in average length of stay or hospital admissions. Increase in hospital bed occupancy ratio.	Facility reports.
2.3: Improved management, efficiency, and accounting systems of public sector health facilities.	Installation of a cost accounting system in one public sector hospital and primary care facility. Improved score on post-intervention assessment of management performance at one public sector hospital and primary care facility.	Facility reports. Application of a baseline and post-intervention assessment.
2.4. Improved hospital performance and efficiency through delegation or decentralization of select responsibilities.	Decentralization of select responsibilities at 1+ hospitals. Improved score on post-intervention assessment of performance of select responsibilities at one hospital	MOHHC report Application of a baseline and post-intervention assessment
2.5. Support the implementation of the Health Management Information System (HMIS).	Delivery of action plan for implementation of select components of Phase 1 of HMIS.	Action Plan document

Annex A: PHR/Jordan Country Activity Plan

Revised March 1998

Summary of Objectives, Results, Activities, and Target Dates

Activities	Expected Outputs	Target Date
OBJECTIVE 1: Strengthen capacity for health sector planning and implementing health reforms.		
Result 1.1: Establish National Health Accounts as a health policy tool on a sustainable basis.		
NATIONAL HEALTH ACCOUNTS		
1.1.1. Train Jordanians, MOHHC and other staff, to prepare National Health Accounts and use the resulting information to plan and implement health reforms (e.g. cost containment, equity and efficiency). The process for developing NHA will be extremely collaborative to allow for the process to be sustained by Jordanians independently. The NHA activity will include Applied Research efforts to collect critical data on third-party funding sources and supply of private providers of health services	Periodic results, based upon the household survey, of household utilization and expenditure patterns Final report and NHA matrix of sources and uses of health expenditures.	January 99 March 98 - March 99
1.1.2. To complement the household survey, PHR will conduct a detailed assessment of private sector third-party payers, to include the size and number of private insurance companies, self insurance firms, their populations covered, services funded, categories of participating providers and their contractual relationships with payers, payment mechanisms, premium rates, and regulatory guidelines for providers.	Final report	July 98 - December 98
1.1.3. To complement the household survey, PHR will survey private providers, including geographic distribution, services offered, pricing, and financing.	Final report.	October 98 - September 99

Activities	Expected Outputs	Target Date
NATIONAL HEALTH ACCOUNTS continued 1.1.4. Conduct a national household health survey to gather critical data on utilization, out-of-pocket expenditures, insurance coverage, and multiple coverage. The resulting data set will be an important component of NHA, as well as an immediately useful resource for policy-makers to advance work on private sector reforms and universal coverage.	Final Report of Results	January 98 - March 99
Result 1.2: Private sector complies with well-defined quality of care standards so that consumers are protected.		
REGULATIONS 1.2.1. In collaboration with MOHHC counterparts, PHR will conduct a comprehensive review of existing Jordanian regulations for health care facilities and providers, as well as existing procedures for enforcing the rules.	Review conducted and report completed, including recommendations for revisions to current rules.	July 98 - December 98
1.2.2. In collaboration with MOHHC counterparts, PHR will provide follow-up assistance on implementing recommendations for revising accreditation and licensing rules.	On-going assistance provided by in-country PHR staff.	January 99 - end of project

Activities	Expected Outputs	Target Date
Result 1.3: ***Strengthened capacity of the MOHHC and other Jordanian institutions to take leadership in policy development and implementation of health sector reforms.***		
TRAINING		
1.3.1. Conduct a rapid training needs assessment to identify candidates for intensive course work in state-of-the-art programs at U.S. universities. This assessment will be conducted by an individual trained in human resource development.	Training needs assessment completed.	Jul-Oct 98
1.3.2. Selected MOHHC staff participate in intensive course work in state-of-the-art programs in health economics at U.S. universities.	Selected MOHHC participate in overseas courses	Jul-Aug 98, 99, 00 Sep-Dec 98, 99
1.3.3. Provide extensive on-the job training through teamwork with PHR's resident advisor and visiting experts, and participation in relevant workshops/seminars in other countries when possible.	Hands-on training and on-site workshops held.	April 98 - end of project
1.3.4. Arrange for a local firm(s) to provide management and computer skills training in Arabic for MOHHC staff, using a training of trainers approach.	Successful completion of training programs.	April 98 - end of project
Result 1.4: ***Strengthened capacity of the MOHHC and other Jordanian institutions to design, implement, and apply research activities to policy development and implementation of health sector reforms.***		
APPLIED RESEARCH		
1.4.1. Develop an applied research agenda in collaboration with counterparts.	Research Agenda	May - Sept 98
1.4.2. Provide technical support for on-going implementation of applied research activities in collaboration with counterparts.	Completion of research activities	May 98 - end of project
1.4.3. Train counterparts to plan, design, implement and apply research activities to policy development and implementation of health sector reforms.	Select number of counterparts with strengthened capacity.	May 98 - end of project

Activities	Expected Outputs	Target Date
OBJECTIVE 2: Improve health system performance, contain costs, and support achievement of universal coverage.		
Result 2.1: Introduction of Universal Health Coverage in an efficient, sustainable manner.		
UNIVERSAL COVERAGE		
2.1.1. Prepare a issues and options paper which examines the strengths and weaknesses of the current system, identifies information gaps, and offers decision makers a number of options for structuring universal coverage adapted to the Jordanian context.	Issues and Options Paper	November 97 -July 98
21.2. Conduct a health care financing seminar on health insurance and health financing options. Jordanian decision makers, including representatives from other ministries and institutions will be presented with the findings and the options defined in the above strategy document.	Seminar	July 98
2.1.3. Translate the conclusions of the strategy document and the seminar into concrete activities to be extended over a period of time, possibly beyond the life of the Project. PHR will develop a Work plan of technical assistance to implement adopted strategies to achieve universal coverage.	Work plan for on-going technical assistance	August 98 - end of project

Activities	Expected Outputs	Target Date
Result 2.2: Testing of improved provider payment mechanisms and other incentives for better access, efficiency, and quality.		
PROVIDER INCENTIVES		
2.2.1. PHR will analyze the public sector's provider payment system, including: a) modes of payment (salary, capitate, performance-based, other), b) identifying utilization or quality control mechanisms if any, and c) describing explicit and implicit incentives. The team's report will make recommendations for testing different provider payment mechanisms and other incentives for better access, efficiency and quality.	Final Report	May 99 - September 99
2.2.2. PHR will provide technical assistance to test different provider payment mechanisms.	Results of testing of new provider payment mechanisms presented.	October 99 - June 2000
Result 2.3: Improved management, efficiency, and accounting systems of public sector health facilities.		
HOSPITAL ACCOUNTING: COST ANALYSIS		
2.3.1. Train facility staff in cost analysis, and jointly conduct a cost analysis of health services in selected health facilities. This activity should produce recommendations to improve efficiency and existing accounting systems, including parameters and guidelines for upgrading and expanding existing accounting systems. This activity is a key component of MOHHC efforts to contain costs and improve efficiency. PHR proposes to work intensely with one hospital initially (likely to be Al Basheer in response to MOHHC), as well as other hospitals.	Hospital Cost Analysis Final Report and Trained Staff	Sept 98 - May 99
2.3.2. Repeat the above activity with an appropriate sample of primary care facilities.	Primary Care Facility Final Report and Trained Staff	June 99 - June 00

Activities	Expected Outputs	Target Date
Result 2.4: Improved hospital performance and efficiency through delegation or decentralization of select responsibilities.		
HOSPITAL AUTONOMY		
2.4.1. PHR will present policy makers with information on the broad range of approaches included in hospital autonomy/decentralization, and agree on next steps. Proposed next steps are:	Presentation on hospital autonomy.	July 98
2.4.2. PHR will analyze two pilot hospitals regarding their capacity for increased autonomy and the preparatory steps necessary for success.	Report on the in-depth analysis of 2 pilot facilities.	October 98 - March 99 (to be confirmed)
2.4.3. Based on this analysis, PHR would assist the MOHHC to develop and implement a plan to introduce hospital autonomy in one or two pilot facilities.	Plan to introduce autonomy to hospitals and actual implementation at select hospitals.	June 99 - end of project (to be confirmed)
Result 2.5: Support the implementation of the Health Management Information System (HMIS).		
HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)		
2.5. PHR will assist the MOHHC to prioritize the 17 software modules for implementation, identify a core set of functions to be computerized, and recommend changes in the Master Plan so it is compatible with the information system proposed in the new WB loan.	Action plan to begin implementation of selected components of the Phase 1 HMIS and technical guidance to modify the Master Plan.	July 98 - August 98

Annex B: PHR/Jordan CAP Workplan: Summary

Year	1998				1999				2000		
Quarter	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
Objective 1: Strengthen the capacity for health sector planning and implementing health reforms.											
1.1.1. National Health Accounts											
1.1.2. Assessment of private third-party payers											
1.1.3. Survey of private sector providers											
1.1.4. Household Health Survey											
1.2.1. Regulation Review											
1.2.2. Revision of regulations											
1.3.1. Rapid training needs assessment											
1.3.2. MOHHC staff over-seas training											
1.3.3. MOHHC staff on-the-job training											
1.3.4. Local training of trainers											
1.4.1. Develop applied research agenda											
1.4.2. Implementation of research activities											
1.4.3. Training in research planning, design, etc.											

Year	1998				1999				2000		
Quarter	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
Objective 2: Improve health system performance, contain costs and support achievement of universal coverage.											
2.1.1. Universal coverage issues & options paper											
2.1.2. Universal coverage seminar			X								
2.1.3. Universal coverage work plan and on-going technical assistance											
2.2.1. Provider payment analysis											
2.2.2. Test new provider payment mechanisms											
2.3.1. Hospital cost analysis											
2.3.2. Primary care facility cost analysis											
2.4.1. Presentation on hospital autonomy			X								
2.4.2. Analysis of 2 hospitals re autonomy											
2.4.3. Introduce autonomy in 2 pilot hospitals											
2.5. TA for HMIS for the MOHHC											

Annex C: PHR/Jordan Budget for FY 1998 - 2000

Budget Category	Year 1 Oct/97 - Sep/98	Year 2 Oct/98 - Sep/99	Year 3 Oct/99 - Sep/00	Total Budget
Labor and Allowance Costs for Field-based Staff	$288,304	$245,638	$380,705	$914,647
Short-term TA and Home Office Labor Costs	135,535	231,095	242,649	609,279
Consultants	29,750	91,180	77,096	198,026
Training (1)	90,000	450,000	460,000	1,000,000
Travel	123,748	134,060	106,674	364,482
Other Direct Costs	104,062	54,659	55,385	214,106
Subcontracts	467,940	625,000	195,000	1,287,940
G&A	259,580	378,444	288,362	926,386
Fee	29,978	44,201	36,117	110,297
Allocable Costs	229,335	338,141	276,298	843,774
Total Costs	$1,758,233	$2,592,418	$2,118,287	$6,468,938

1) Some LOE of field-based staff and consultants allocated to Training to represent on-the-job training.